

Health Home Quality Improvement Workgroup - 4/13/2022

Participants

Pamela Lester IME	Heidi Weaver IME	LeAnn Moskowitz IME
Tami Lichtenberg IME	David Klinkenborg AGP	Sara Hackbart AGP
Tori Reicherts ITC	Bill Ocker ITC	Flora Schmidt IBHA
Susan Seehase IACP	Kristi Oliver Children's Coalition	Paula Motsinger IME
Stacy Nelson Waubonsie	Amy May Waubonsie	Geri Derner YSS
Jen Cross Orchard Place	Kim Keleher Plains	Andrea Lietz Plains (30 min)
Melissa Ahrens CSA	Christina Smith CSA	Faith Houseman Hillcrest
Ashley Deason Tanager	Stephanie Millard First Resources	Kristine Karminski Abbe
Shawna Kalous Plains	Rich Whitaker Vera French	Jamie Nowlin Vera French
Crystal Hall Tanager	Brooke Johnson Abbe	Mike Hines Tanager
Karen Hyatt DHS	Ericka Carpenter Vera French (30 min)	

Notes

Last meeting Notes:

- No questions/concerns from group.

Reviewed topics discussed during last Meeting

- Need to focus on Provider Standards (the foundation and how are we meeting the federal requirements)
 - Parking lot- Health Home Services

Draft Workgroup Report:

- **Diving into the Details: (page 2)**
 - **Health Home Provider Standards:**
 - *The SPA page 9 states "Integrated Health Home (IHH) will include, but not limited to meeting the following criteria:" Clarify by adding "one" "meeting one of the following criteria"*
 - Be an Iowa accredited Community Mental Health Center or Mental Health Service Provider or an Iowa licensed residential group care setting

- Iowa Licensed Psychiatric Medical Institution for Children (PMIC) facility,
- Nationally accredited by the Council on Accreditation (COA),
- The Joint Commission, or Commission on Accreditation of Rehabilitation
- Facilities (CARF) under the accreditation standards that apply to mental health rehabilitative services
 - Thumbs up from group – agree
- *With the workforce shortage, the inclusion of experience allowed in lieu of a degree is recommended to include a broader workforce. For example, chapter 24 allows the nurse to be the case manager as long as they have three years of experience.*
 - Kristine Karminski - believe this was in lieu of a specific degree. Even if we allow in the SPA, are we still bound to Chapter 24 requirements for members with CMHW or HAB?
 - Bullet 2 (Workgroup Report) is updated to be clearer in the experience that should be included.
- *Add additional roles such as a CMA or LPN for tasks they may be able to do to take the load off the RN.*
 - Pam: In reviewing other states that had an LPN, their scope may differ from state to state. May need to look at scope of CMA and LPN.
 - Karen Hyatt - For Chapter 24 purposes – There is a work around allowing additional scope for an LPN. Pam to research and get back to group with more details.
- *Remove “Child” and “Adult” from nurse on page 16 of the SPA.*
 - Thumbs up/agreement from group
- *Further research on “Complete status reports to document member’s housing, legal, employment status, education, custody, etc.” so the group can discuss formal recommendations.*
 - Pam is reaching out to LeAnn on this
- *The group recommends removing “agreements approved by the state” in the 2022 SPA on page 18 “Have evidence of bi-directional and integrated primary care/behavioral health services through use of a contract, memoranda of agreement or other written agreements approved by the State.”*
 - Group is recommending "approved by the state" be removed
 - Group agrees
- The group requests a view of the SPA with track changes of our recommendations when we review the final workgroup report.
 - Pam – Yes, we can do this
 - Group agrees

Overview of the Timeline

- Timeline has been updated - please review

Provider Standards: Brainstorming Activity:

- *Consider moving Peer Support and Family Peer Support IHH responsibility to coordinate services when they qualify for Hab/CHW, but services not available to Health Home Services (slide 12)*
 - Karen Hyatt - "not available" to Heath Homes Services, what does that mean?
 - Pam – How does the IHH coordinate services when Hab/CMH not available.
 - No objection from group
- *Lead Entity Standards Review (Slides 13-19)*
 - In the State Plan amendment “Provide oversight, training, and technical support for Integrated Health Home providers to coordinate integrated care” Should be one bullet.
 - Two bullets (Slide 15) “Assessment of the Integrated Health Home and medical health provider's capacity to coordinate integrated care” and “Provide infrastructure and tools to Integrated Health Home providers and primary care physical providers for coordination” need aligned. Suggest:
 - Assessment of the Integrated Health Home and primary care provider's capacity to coordinate integrated care
 - Provide infrastructure and tools to Integrated Health Home providers and primary care providers for coordination.
 - Slide 16
 - Case manager info - it would help to have contact information included.
 - For claims - it would helpful if the IHHs could access the incident reports submitted to the MCOs. It would help streamline the process.
 - Slide 17 Bullet 3 Providing or contracting for care coordination, including face-to-face meetings, as necessary to ensure implementation of care plan and appropriate receipt of services. What does this look like?
 - MCOs provide onsite training and technical assistance and file reviews
 - We provide oversight, daily activities include reaching out regarding assessment dates, checking on lack of services, etc. Conduct coordination activities with team.
 - Support the IHHs to ensure timely completion of requirements and to ensure quality care is done within what is outlined the care plan.
 - Would it be appropriate to remove contracting?
 - Lead Entities are not prohibited from doing direct provision of the service - not sure we want to remove contracting.
 - How does that apply if Lead Entity is providing the service?
 - Driven by what the member reports and is needing.
 - HIT and Program Tools Slide 18

- More tools will be coming, including the self-assessment, Chart Review, dashboard tools, etc.
 - Need to do more work around HIT
 - Workgroup members use some of the tools provided by the Lead Entities, others will reach out to the Lead Entities for support in using these tools.
 - Workgroup members discussed IPES Survey reports as not helpful. ITC send these to the Health Homes, AGP has their Quality Management team handle these.
- Develop and Offer Learning Activities Slide 19
 - No questions or comments from the group.
- State Support Slide 20
 - No questions or comments from the group
- *Clinical Competency for Serving the Complex Needs using Evidenced-Based Protocols (slides 21-25)*
 - How will this be monitored, or will it be?
 - Pam - within the chart review process we can see if you are using evidence-based guidelines. The self-assessment tool will also help with ensuring you have evidence-based guidelines in place.
 - Sara Hackbart - can use the gap in care report - just being able to look at what gaps there are, HEDIS booklet, and talking with members. Just using gap in care report would meet this as well.
 - Helpful statement Sara. Suggest that we include this topic as part of the learning collaborative or Monthly Practice Transformation calls provided by AGP.
 - The group agrees.
- *Whole Person Care (Slides 26-29) The group would like to clarify “receive” in the statement: “Work with LE or IME to receive members redirected from emergency departments, engage in planning transitions in care with area hospitals, and to follow-up on hospital discharges, including Psychiatric Medical Institutions for Children (PMIC). Does this belong somewhere else?*
 - Do we want to change receive or move under a different topic other than whole person approach?
 - Maybe move to comprehensive transitional care
 - What do we put instead of “receive”?
 - How about "accept" instead of "receive"?
 - The group agrees.
- *Continuous Quality Improvement (Slides 30-33)*
 - The Health Home must have a continuous QI program. What should the requirement look like in the SPA?
 - Kristine Karminski - the quality improvement stuff is on pages 19 and 20 in the SPA under Emphasis on Quality and Safety.

- Kim Keleher -second bullet in the SPA under Emphasis on Quality and Safety, page 19, are we supposed to be reporting on this?
Participate in ongoing process improvement on clinical indicators and overall cost effectiveness specified by and reported to the State
 - Telligen reports overall cost and utilization. We do share this information back with you. Also have Health Home Core Measures and P4P (those reports the MCOs share with you). Heath Homes would have processes in place to address areas of improvement. Would want indicators as part of your quality improvement plan.
 - Should it say, "by the state" instead of "to the state"?
 - Yes, feel that is where I got hung up, maybe some clarification, maybe reword to include external agency
 - Should this be 2 separate bullets?
 - Participate in ongoing process improvement on clinical indicators and overall cost effectiveness specified by and reported by the State and Lead Entities.
 - Participate in ongoing process improvement on clinical indicators within the Health Home.
 - Kim Keleher - yes, that would help with clarification
 - Pam to wordsmith
- *Establish a continuous quality improvement program and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.*
 - Bottom of 18 monitor, arrange, and evaluate appropriate evidence-based and evidence-informed preventive services. The word “evaluate” stood out and not sure what that means. May be out of scope? Maybe some examples would be helpful.
 - Do those services improve individual member’s outcomes?
 - Do those services improve your population outcomes?
 - Federal language states, “that permits an evaluation” Based on the discussion, what is the group’s recommendation?
 - I like how you have the notes in the slides what you are asking in the evaluation. Instead of using the word evaluate, maybe change to evaluation or assessment of services. Having it referenced toward the member helps.
 - Group agrees

Next Steps:

- Pam to reach out to gain an understanding about potential changes to abilities of an LPN which could support the IHH as part of the team.

- Pam to work with LeAnn on “Complete status reports to document member's housing, legal, employment status, education, custody, etc.” so the group can discuss formal recommendations.
- MCO to consider a process to allow the Health Home to see incident reports that are completed.
- MCO to consider adding CM contact information to the report.
- Pam to wordsmith “*Participate in ongoing process improvement on clinical indicators and overall cost effectiveness specified by and reported to the State*” and share back with the group.
- We will be discussing the following at our next meeting, please review and be ready to provide your feedback
 - Health Information Technology (HIT)
 - Federal rule Language
 - SMDL
 - Click on the links and review the 3 state examples.
 - West Virginia
 - [SWIFT-022120174060-FinalResponse-WV SPA 16-0007 HH Approval Letter.pdf](#)
 - [Microsoft Word - WV Health Home Provider Standards V1.0 04302014.docx](#)
 - Minnesota:
 - [DHS-6766 - BHH Services \(state.mn.us\)](#)
 - South Dakota
 - [SD-13-0008.pdf \(medicaid.gov\)](#)
 - Hab/CMHW
 - Is there anything in Provider Standards that is missing around these populations?
 - Payment methodologies
 - Member Qualifications